REST WASTE COBA												
PATENT APPLICATION FEE DETERMINATION RECE Effective October 1, 2000								Application or Docket Number 09/896,197				
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTUE	· D 7:1441
TOTAL CLAIMS			(Colu	(Column 1)		(Column 2)		TYPE		OF	SMAL	R THAN L ENTITY
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F		\exists	RATE BASIC FE	FEE
TOTAL CHARGEABLE CLAIMS			13	/3 minus 20=		. 0		X\$ 9-	-	\exists	` 	E 710.00
INDEPENDENT CLAIMS			2	2 minus 3 =		· 04			+	-JOF	-	
М	ULTIPLE DEP	NDENT CLAIM	PRESENT	RESENT				X40≈	-	_OR	X80=	
٠١	f the difference	e in column 1 i	s less than	zero, enter	*0* in	in column 2 +13!				OR	+270=	
* If the difference in column 1 is less than zero, enter *0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR		710-
(Column 1) (Column CLAIMS HIGHES						(Column 3)	_	SMALI	L ENTITY	OR		THAN ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	.00	Minus	-2	0	=		X\$ 9=		OR	X\$18=	1 1 1
¥	Independent FIRST PRES	ENTATION OF M	Minus	G	7	-		X40=	1	OR	X80=	
				CI. CUDCIA!	COAIM			+135=	1	OR	+270 =	
	·) .						L	TOTAL			TOTAL	
	5/21/0 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							DDIT, FEE		J 0	ADDIT. FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	. /7	Minus	1-50	2	=	1	X\$ 9=		OR	X\$18=	
¥	FIRST PRESENTATION OF MUL		Minus JLTIPLE DE			<u> </u>		X40=		OR	X80=	
								+135=		ОЯ	+270=	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
	,	(Column 1) CLAIMS		(Column HIGHES		(Column 3)		•			:	
AMENDMENTC	47	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	•	Minus	••		=		X\$ 9=		OR	X\$18=	
Ž		NTATION OF MI	Minus	PENDENT C			1	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=												
	If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+270= TOTAL	
		nber Previously Paid					ADE	TOTAL DIT. FEE		OR AL	'n''	
		•		•				and ethics	ANTO COX	in com	тит в.	ı

FORM PTO-875 (Rev. 6/00)